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Application Number	10/763,478
Filing Date	01-23-04
First Named Inventor	JENNIFER APPEL
Art Unit	
Examiner Name	ALIMENTI, S.
Attorney Docket Number	LAND/0006

I hereby revoke all previous powers of attorney given in the above-identified application.

 A Power of Attorney is submitted herewith.

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 I hereby appoint the practitioners associated with the Customer Number: Please change the correspondence address for the above-identified application to: The address associated with
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OR

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 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	Jennifer Appel		
Name	JENNIFER APPEL		
Date	02-14-06	Telephone	713-263-1682

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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